

**Provider Type 83 Personal Care Aid - Intermediary Service Organization  
Reimbursement Rates**

Updated: Sept. 1, 2009

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Procedure Code	Description	Modifier	Rate	Rate Begin Date
T1019	PERSONAL CARE SER PER 15 MIN		\$4.25	01-Jul-09
A0160	NON ER TRANSPORT		\$0.28	01-Jan-80